



## Application Data Sheet

### Application Information

**Application number::** 10/622,233

**Filing Date::** 07/18/03

**Application Type::** Regular

**Subject Matter::** Utility

**Suggested classification::**

**Suggested Group Art Unit::**

**CD-ROM or CD-R?::** None

**Number of CD disks::**

**Number of copies of CDs::**

**Sequence submission?::**

**Computer Readable Form (CRF)?::**

**Number of copies of CFR::**

**Title::** SYSTEMS FOR SELECTIVE MULTI-PASS SERVOWRITING AND SELF-SERVOWRITING  
PANA-01068US2 SRM/DTX

**Attorney Docket Number::**

**Request for Early Publication?::** No

**Request for Non-Publication?::** No

**Suggested Drawing Figure::**

**Total Drawing Sheets::** 12

**Small Entity?::** No

**Latin name::**

**Variety denomination name::**

**Petition included?::** No

**Petition Type::**

**Licensed US Govt. Agency::** No

**Contract or Grant Numbers::**

**Secrecy Order in Parent Appl.?::** No

## **Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Richard
<b>Middle Name::</b>	M.
<b>Family Name::</b>	Ehrlich
<b>Name Suffix::</b>	
<b>City of Residence::</b>	Saratoga
<b>State or Province of Residence::</b>	US
<b>Country of Residence::</b>	US
<b>Street of mailing address::</b>	12092 Marilla Drive
<b>City of mailing address::</b>	Saratoga
<b>State or Province of mailing address::</b>	CA
<b>Country of mailing address::</b>	US
<b>Postal or Zip Code of mailing address::</b>	95070

## **Correspondence Information**

<b>Correspondence Customer Number::</b>	23910
<b>Phone number::</b>	(415) 362-3800
<b>Fax Number::</b>	(415) 362-2928
<b>Email address::</b>	jd@fdml.com, srm@fdml.com

## **Representative Information**

<b>Representative Customer Number::</b>	23910
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## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 U.S.C. 119(e)	60/436,673	December 27, 2002
This application	An application claiming the benefit under 35 U.S.C. 119(e)	60/436,740	December 27, 2002

## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

## Assignee Information

**Assignee Name::**

**Street of mailing address::**

**City of mailing address::**

**State or Province of mailing address::**

**Country of mailing address::**

**Postal or Zip Code of mailing address::**